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THE HOUR OF CONPICENT CONDITIONS OF OPERATION  121. ACCIDENT SIGNATURE (SPECIFY)  13. CAUSE OF DEATH (INC.)  14. MILE HOURS OF CONTRIBUTION OF CONTRIBUTIONS OF OPERATION  15. ENTER ONLY OF CONPICENT CAUSES (IN STATE ACTION)  16. ANTORNANT'S SIGNATURE (SPECIFY)  17. DATE (MORTH) (DAY) (SPECIFY)  18. CAUSE OF DEATH (INC.)  19. CAUSE OF DEATH (IN		98. KIND OF BUSI. IN	MOH BELLANA	CAUNTRY! a.	TYES. NO. OR UNKNOWN	A	IISB. BIRTHPLACE
16 ANFORMANT'S SIGNATURE   MUSEUM, MACHINE   MEDICAL CERTIFICATION   DEATH   LULY   4-1949   6.00	0	(2) FATHER'S NAME	a. /.	STATE OR COUNTRY	faulion Me	buf pavis	MAY! (YEAR)
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TH	nne	PER LINE FOR (2).	I. DISEASE OR CONDITI	IONS 7-0	maturity	(51/2 months	ONSET AND DEATH
INSET OF UNDERLYING CAUSE LAST.  IN USE, ASTREMA, ETC. IT MEANS THE BISESSE INJURY. OR COMPLICA- TION WHICH CAUSE INJURY. OR COMPLICA- TION WHICH CAUSE INJURY. OR COMPLICA- TION WHICH CAUSE IN JURY. OR COMPLICA- TION WHICH CAUSE INJURY. OR COMPLICA- TION WHICH CAUSE IN OR THE UNDERLYING CAUSE LAST.  DUE TO IC.  PARK, FACTORY, STREET, OFFICE BLDG., ETC.  FARM, FACTORY, STREET, OFFICE BLDG.  FARM, FACTORY, S	SE   t	THE MODE OF DYING.	MORRID CONDITIONS, IF A				_
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PSY  PSY  21A. ACCIDENT SUICIDE HOMICIDE TO  NAL  21B. PLACE OF INJURY IE. G IN OR ABOUT HOME, SUICIDE HOMICIDE HOMICIDE  21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY  CAL  22. I HERERY CERTIFY THAT I ATTENDED THE DECEASED FROM Not work in the Causes and on the Date Stated Above.  ALIVE ON STATE  ATION  RAL  24A. BURIAL CREMATION  24A. BURIAL CREMATION  CAL  24A. BURIAL CREMATION  CAL  24A. BURIAL CREMATION  CAL  CREMATION  CAL  CREMATION  CREMOVAL  CREMATION  CAL  CREMATION  CREMOVAL  CREMATION  CAL  CREMATION  CREMATION  CREMOVAL  CREMATION  CREMOVAL  CREMATION  CREMATI	9	PLACE DISEASE CON- TRACTED.	CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OF CONDITION CAUSING DEATH.				20. AUTOPSY?
TH SUICIDE HOMICIDE  TO HOMICIDE  10	, , ,	19A. DATE OF OPERAT	ION 198. MAJOR F			ME, 21C. (CITY OR TOWN)	
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NER'S  ALIVE ON SIGNATURE	V	OF INJURY	м	WHILE AT NOT WHILE			LAST CAN THE DECEASED
RAL CREMATION CALCULATION CONTROL CONT	(T)	X • / (/	19 <b>7.7</b> , AND THAT	DEATH OCCURRED A	M. FROM THE CAUSES A	ND ON THE DATE STATED ABO	23C. DATE SIGNED
D 25A. DATE REC'D BY 25B. FEGISTRAR'S SIGNATURE LOCAL REG. LOCAL REG.	<b>1</b>	23A-SIGNATURE	Dr J. So.	4 0	1 Solate	24D/LOCATION ICIT	Y. TOWN. OR COUNTY) (STATE)
D 25A. DATE REC'D BY 25B. FEGISTRAR'S SIGNATURE		CREMATION	aug 16-194	g Slove Ce	wites	CTOR'S SIGNATURE	MADDRESS.
8-15-49 Freme Marile Frank Straky. 248	D	25A. DATE REC'D BY LOCAL REG.	25B. FEGISTRAR'S SIG	I A	Frank	IGNATURE .	CERT. NO.
FORM VS 2 REV. 4-49 15M		8-15-49	Freue	Marilee	- Franki	19 graly	. 248-A